This form **must** be initialed and signed by the owner of the establishment applying for or renewing a Board of Health Tobacco Retailer's Permit.

No permit will be issued until this checklist has been initialed and signed.

Please Print Name	Title
Signature	Date
	ad and understand the Regulation of the City of Northampton Board of Health ng the Sale of Tobacco Products and Nicotine Delivery Products
- 2 <sup>n</sup> - 3 <sup>r</sup>	violation - \$100.00 fine violation - \$200.00 fine <b>AND</b> permit suspended for 7 days violation - \$300.00 fine <b>AND</b> permit suspended for 30 days violation - Permit to sell tobacco and nicotine delivery products revoked
suspensio	and that penalties for violation of the regulation include monetary fines and/or in of my permit to sell tobacco or nicotine delivery product as follows:
- Tl	roducts nese minors may or may not look 18 years of age nese minors may or may not have ID
complianc This mean - Tl	e checks of my business to ensure that tobacco products are not sold to minors. s that: ne Board of Health will send minors into my establishment who will attempt to purchase tobacco
at my bus	and that I am responsible for informing any and all persons who sell tobacco iness about both state and local regulations pertaining to tobacco sales  and that the Northampton Board of Health or its designee will conduct frequent
<b>License</b> " fi	vide the Northampton Health Department with proof of a current "Cigarette Retail rom the Massachusetts Department of Revenue. (Attach copy of DOR license)
I underst	and that a "we card all" sign must be on display at every point of sale
I underst	and that I may not sell tobacco products below state minimum prices
	and that self-service tobacco and nicotine delivery product displays from which the may select tobacco products, lighters, or matches are prohibited
	and that the sale of single or loose cigarettes or cigarettes in packages fewer than 20 is prohibited
I underst	and that tobacco and nicotine delivery products must be sold in their original packaging
I underst	and that packaging of two or more cigars minimum pricing is \$5.00
I underst	and that single cigar minimum pricing is \$2.50
I underst	and that the sale or distribution of blunt wraps is prohibited
	and that each person selling or distributing tobacco or nicotine delivery products shall age of every purchaser by means of a valid government issued photo identification
I underst	and that no person shall sell tobacco or nicotine delivery products to a minor

FOR BOARD OF HEALTH DATE RECEIVED: DATE ISSUED: PERMIT NO. TOB. 2018	FOR BOARD OF HEALTH
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## APPLICATION FOR TOBACCO RETAILER'S PERMIT



NORTHAMPTON BOARD OF HEALTH 212 MAIN STREET NORTHAMPTON, MA 01060 (413) 587 - 1214

LICENSE FEE: \$200.00
CASH CHECK
Non-Refundable Fee

Name of Retailer	Date
Business Address	
Mailing Address (If different)	
Name & Title of Applicant	
Address of Applicant	
Name of Owner (If different)	
Business Telephone Number	Email Address
MA Department Of Revenue CIGARETTE RET	AILER'S LICENSE NUMBER (5-digits)
	ent, MUST BE ATTACHED to this Application )
Pursuant to M.G.L. Chapter 62 C. Section 49A.	certify under the penalties of perjury that, to my best knowledge and belief, I
have filed all state tax returns and paid all state	
Signature of Individual or Corporate Of	ficer Date
Signature of individual of Corporate of	nicei Daic
Telephone #	Social Security or Federal ID#

This permit applies to all tobacco and/or nicotine delivery products.